Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR	La company de la	Control of the Contro	E QMB (Approval No. 9348-004
FEDERAL ASSISTANCE	2. DATE SUBMITTER	D	Applicant Identifier
1. TYPE OF SUBMISSION:	3. DATE RECEIVED	BY STATE	State Application (dentitie) 2004
Application Preapplication Construction Construction Non-Construction Non-Construction		BY FEDERAL AGENCY	Federal Identifier FEDERAL CONTROL FOR FRANCE HOUSE
5. APPLICANT INFORMATION			ISTATE WENT WITH
Legal Name: CITY OF WHEATL	AND	Organizational Unit:	CITY OF WHEATLAND
Address (give city, county, State, and zip code P.O. Box 395 313 MAIN ST. WHEATLAND, CA 9569 6. EMPLOYER IDENTIFICATION NUMBER (12	Name and telephone this application (give a Jim Thomps (530) 633	number of person to be contacted on matters involving area code) ON, CITY ADMINISTRATOR
94-6000452		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION: New Co	entinuation Revision	B. County C. Municipal	State Controlled Institution of Higher Learning Private University
If Revision, enter appropriate letter(s) in box(e		D. Township E. Interstate F. Intermunicipal G. Special District	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
D. Decrease Duration Other(specify):		9. NAME OF FEDER. V.S. DEPT. O VELOPMENT	AL AGENCY: OF AGRICULTURE - RURAL DE- T, RURAL UTILITIES SERVICE
TITLE:WATER & WASTE DIS	1/0-7/6/0	· · · · · · · · · /	DOMESTIC WASTEWATER MARROVEMENTS FOR THE CITY
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAND, YUBA COUNTY, CA.	s, Counties, States, etc.):	OF WHEAT	LAND
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAND, YUBA COUNTY, CA.	RESSIONAL DISTRICTS OF:	OF WHEAT	LAND
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAWD, YUBA COUNTY, CA. 13. PROPOSED PROJECT 14. CONGR	s, Counties, States, etc.): RESSIONAL DISTRICTS OF:	OF WHEAT	ME)
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAWD, YUBA COUNTY, CA. 13. PROPOSED PROJECT 14. CONGR	s, Counties, States, etc.): RESSIONAL DISTRICTS OF:	OF WHEAT	ME) I SUBJECT TO REVIEW BY STATE EXECUTIVE
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAND, YUBA COUNTY, CA. 13. PROPOSED PROJECT 14. CONGR. Start Date SPRING DEC. 2004 2. Applicant 2. Applican	RESSIONAL DISTRICTS OF: ONGRESSIONAL DISTR. OF 487, 386.	D. Project CA. 16. IS APPLICATION ORDER 12372 PF	ME) I SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? APPLICATION/APPLICATION WAS MADE
12. AREAS AFFECTED BY PROJECT (Cities CITY OF WHEAT LAND, YUBA COUNTY CA. 13. PROPOSED PROJECT 14. CONGR. Start Date Ending Date 2 A. Applicant 2 A. C. C. 2004 15. ESTIMATED FUNDING:	RESSIONAL DISTRICTS OF: ONGRESSIONAL DISTR. OF 487, 386.	b. Project CA. 16. IS APPLICATION ORDER 12372 PF (a. YES.) THIS PREA	ME) I SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
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	'04			P.1			
APPLICATION FO FEDERAL ASSIST	DR	D 11	2. DATE SUBMITTED 01/27/2004	Applicant Identifier			
1. TYPE OF SUBMISSI Application	ION	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier			
☐ Construction √ Non-Construction		☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-03-0			
5. APPLICANT INFOR	RMATION						
Legal Name: SOUTH COAST	AIR QUALITY MAN	AGEMENT DISTRICT	Organizational Unit:				
Address (give city, count 21865 COPLEY DIAMOND BAR	ORIVE		Name and telephone number of the person to be conapplication (give area code) Mary Leonard (909) 396-2780	ntacted on matters involving this			
6. EMPLOYER IDENT 953099419 Organizational DUNS: (NFICATION (BIN):	JAN 28 2004	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization				
		head while and a famous of a 100 th	G. Special District N. Other (Specify): Regional Agency 9. NAME OF FEDERAL AGENCY:				
8. TYPE OF APPLICA New V If Revision, enter approp A. Increase C. Increase Other Speci	Continuation II Revision priate letter(s) in box(cs): I Award B, Decrease Award Duration D, Decrease Durafy:		U.S. Environmental Protection Agency				
	DED 41		11. DESCRIPTIVE TITLE OF APPLICANT'S P	ROJECT:			
	rance number: <u>66.001</u>		FY 2003-04 Air Pollution Control Program Support				
TITE Air	r Pollution Control Pro	ogram Support	1 1 2000-04 Mil 1 Gildflott Optifice 1 tollight	n Support			
	r Pollution Control Pro		11 Zoo-o- Mil Oligion Ostilon Togram	a Support			
12. Areas affecte	D BY PROJECT (cities, countie	s, states, etc.):	7 7 2000 OF All 1 Oligitary Ostalor Fogian	Т			
2. AREAS AFFECTE Orange, and the a	D BY PROJECT (cities, countie		T 2000-04 All) Oligilor, Ostition Fogian	- Зирроп			
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Orange, and the a and Riverside Co 13. PROPOSED PROJE Start Date	D BY PROJECT (cities, counties and non-desent areas ounties	s, states, etc.): Foan Bernardino, Los Angeles, 14. CONGRESSIONAL DISTRICT OF:		b. Project 23-48			
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12. AREAS AFFECTE Orange, and the a and Riverside Co 13. PROPOSED PROJE Start Date 10/01/03 15. Estimated Funding: a. Federal b. Applicant c. Stare d. Local c. Other f. Program Income g. TOTAL	AY KNOWLEDGE AND BELIEF. A OF THE APPLICANT AND THE A norized Representative. stein, D. Env.	s, states, etc.): f San Bernardino, Los Angeles, 14. CONGRESSIONAL DISTRICT OF: a. Applicant: 23-48 \$ 1,245,977 \$ 0 \$ 0 \$ 1,245,977	16. IS APPLICATION SUBJECT TO RE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/AP AVAILABLE TO THE STATE EXE PROCESSES FOR REVIEW ON: DATE /-28-04 b. NO. PROGRAM IS NOT COVERED I OR PROGRAM HAS NOT BEEN REVIEW 17. IS THE APPLICANT DELINQUENT ON A Yes If "Yes" attach an explanation. N ARE TRUE AND CORRECT, THE DOCUMENT HAS EN ASSURANCES IF THE ASSISTANCE IS AWARDED.	b. Project 23-48 VIEW BY STATE EXECUTIVE PLICATION WAS MADE CUTIVE ORDER 12372 BY E.O. 12372 I SELECTED BY STATE FOR NY FEDERAL DEBT? No REEN DULY AUTHORIZED BY THE a. Telephone Number			

	APPLICATION FOR FEDERAL ASSISTANCE) }E	2. DATE SUBMITTED 1/26/04			Applican. entifier	B Approval No. 0348-0043	
1. TYPE OF SUBM				3. DATE RECEIVED BY	STATE		State Applicant Identifier		
Application	1	Preap	oplication						
☐ Construction	Ì	□ C	onstruction	4. DATE RECEIVED BY	FEDERAL AGEN	CY	Federal Identifier		
Non-Constru ■ Non	iction -	□ No	on-Construction			1	07-06-03158-04		
5. APPLICANT INF	ORMATION							(v)	
Legal Name: Th	ne CSU, Ch	nico Res	search Foundation	n	Organizationa	l Unit:			
Address (give city,	county, state	e, and zip	code):				number of person to be contacte	d on matters involving this	
Building 25					application (g		a code) Dan Ripke (530 898-4598)		
CSU, Chico					Budgetan		Diane M. Johnson (530-898	8-6543)	
Chico, CA 959	29-0870				Contractu	•	John Miner (530 898-6621)	•	
6. EMPLOYER IDE	NTIFICATIO	MUN NC	BER (EIN):		7. TYPE OF	APPLIC	CANT: (enter appropriate letter	in box)	
6 8 -	0 3	8	6 5 1 8		A. State		H. Independent Schoo	ol Dist.	
					B. County			stitution of Higher Learning	
8. TYPE OF APPL	ICATION:				C. Munici D. Towns	•	J. Private University K. Indian Tribe		
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		low	A Gontinuetion	E IVE		ate	L. Individual		
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If Revision, enter ap	propriate let	ter(s) in t	ooxles)	AN 2 6 2004	G Specia	l Distri	ct N. Other (Specify)		
A	l 1	D Doore	ease Award C.	AN ZUU4 Increase Duration			-		
A. Increase Awa D. Decrease Du		Other <i>(s</i>	1		S. NAME OF	FEDEF	RAL AGENCY:		
D. Debitado Da		O (O)	27 ATT	CLEARING HO	busel		U. S. Department of Comr	merce	
			SIAIE	CLEARING		E	Economic Development Admi		
10. CATALOG OF	FEDERAL I	OMEST	IC ASSISTANCE N	IUMBER:	11. DESCRIP	TIVE T	TITLE OF APPLICANT'S PROJE	CT:	
			1 1	3 0 3	Center for E	conom	nic Development assists the U	Jniversity's	
TITLE: Econor	nic Develor	l nment T	echnical Assistar		Northeastern California 12 County service region to improve their				
12. AREAS AFFECTE					Planning capacity through faculty technical assistance and research				
Butte, Colusa, Glenn, L		-		r, Tehama, Trinity, Yuba	Tarring Supacky through faculty technical assistance and research				
Counties									
13. PROPOSED P	ROJECT:		14. CONGRESS	IONAL DISTRICTS OF	 :		·		
Start Date	Ending Da	te	a. Applicant		b. Proje	ct			
				Second	1		1,2		
3/1/04	2/28/2	2005	<u> </u>		16 IS A	DDI IC	ATION SUBJECT TO REVIEW B	EV CTATE EVECUTIVE	
15. ESTIMATED F	UNDING:	Τ		440,000,00	OBL		372 PROCESS?	TOTAL EXCOUNTE	
a. receiai		\$		110,000.00	1	S TH	IS PREAPPLICATION/APPLICAT	TION WAS MADE	
b. Applicant		1		36,6670		AVAILABLE TO THESTATE EXECUTIVE ORDER 12372			
		\$		30,0070	PROCESS FOR REVIEW ON:				
c. State		\$.00		DA	ATE 1/26/04		
d. Local		+					41-1-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
u. Locar		\$.00	b. N	ю. 🗵	PROGRAM IS NOT COVERE	ED BY E.O. 12372	
e. Other		1		30,000:00			OR PROGRAM HAS NOT BE	EN SELECTED BY STATE	
		\$		30,000.00			FOR REVIEW		
f. Program Income		\$.00.					
		<u> </u>					PLICANT DELINQUENT ON AN		
g. TOTAL		5		176,667.00			If "Yes," attach an explanation		
18. TO THE BEST BEEN DULY AUTH ASSISTANCE IS A	ORIZED BY	THE GO	BE AND BELIEF, A OVERNING BODY (LL DATA IN THIS APP OF THE APPLICANT A	PLICATION/PRE ND THE APPLIC	APPLI CANT \	ICATION ARE TRUE AND CORE WILL COMPLY WITH THE ATTA	RECT. THE DOCUMENT HAS ACHED ASSURANCES IF THE	
a. Typed Name of		epresent	tative	b. Title				c. Telephone number	
		ff Wrigh			Director, Offic	e of S	Sponsored Programs	530-898-5700	
d. Signature of Auti	norized Repr	esentativ	/e		, .			e. Date Signed	
Thining	is 1	tur	s. los.	Jeff U	brisht	4		1-26-04	
Previous Editions Usable			The state of the s	100	1			Standard Form 424 (REV. 4-92) Prescribed by OMB Circular A-	
Authorized for Local Rep. 102	roduction		•	•	•			r rescribed by Owld Officular A-	

APPLICATION FOR				The state of the s		
EEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier		
,		January				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication	4. DATE RECEIVED BY	/ EEDEDAL AGENCY	Federal Identifier		
Construction	☐ Non-Construction	A. DATE RECEIVED D	FEDERAL AGENCE	1 Cociai Idorninoi		
Non-Construction APPLICANT INFORMATION	1 1					
egal Name:			Organizational Unit:			
City of Calif	Fornia City	- , ,	Public W	lorks		
Address (give city, county, State				number of person to be contacted on matters involving		
			this application (give a	area code)		
21000 Hacieno California Ci 5. EMPLOYER IDENTIFICATIO	da Blyd.	- Vorn Co	Mr. Tom W	Jeil 760-373-4867		
Calliornia Ci	LEY, CA 933U	Kern co.	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
95 2 4 0	N NOMBER (ENV).			C		
90 2 4 0	0 7 0 3		A. State	H. Independent School Dist.		
3. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
X Nev	√ ∏ Continuation	Revision	C. Municipal	J. Private University		
Company	Example 1		D. Township	K. Indian Tribe		
f Revision, enter appropriate le	tter(s) in box(es)		E. Interstate F. Intermunicipal	L. individual M. Profit Organization		
	C laintage	se Duration	G. Special District	N. Other (Specify)		
	crease Award C. Increas (specify):	se Duration	C. Option Diomot			
D. Decrease Duranon Canon	(apouny).		9. NAME OF FEDER	AL AGENCY:		
			USDA			
المرافقة والمرافقة والمراف	terrent of control and a section of control and a December 19 Control and a section of the control and a section of the sectio					
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE N	IUMBER:	1	ITLE OF APPLICANT'S PROJECT:		
Water & Waste	Disposal	10 - 7 6 0	water sto	orage and delivery system		
oan & Grant P	rogram		installa	tion/upgrade Phase I		
TITLE:	O	inter of a li	→ Water Mas	ster Plan for the City of		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Si	rates, etc.):	Californ	ia City		
City of Calif	ornia City					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:				
(d.) 1401 GOLLE 1 1400						
Start Dale Ending Date	a. Applicant		b. Project			
05/04 09/04	21st D	<u>istrict</u>	21s	t District		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
		00	ORDER 12372 P	PROCESS?		
a. Federal	1 0	00,000	a VES THIS PRE	EAPPLICATION/APPLICATION WAS MADE		
1. A P	\$	00,000	AVAILABI	LE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	4.0	00,000		S FOR REVIEW ON:		
c. State	\$	00				
			DATE	1/13/04 / TCE/V		
d. Local	\$.co	, M. F. BBOCE	ALLIANOT CONFORD BY TO 1227 AN OF		
		00	D. NO. LI PROGR	CODAMINAC NOT BEEN CELECTED BY STATE		
e. Other	\$	•	FOR RE			
f. Program Income	\$	00		TE CLEARING!		
1. Program income			17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT? "O F		
g. TOTAL	\$.00	Tyes W"Yes,	" attach an explanation.		
_	5,0	00,000				
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF, A	ALL DATA IN THIS APPL	ICATION/PREAPPLICATION AND TAND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE		
DOCUMENT HAS BEEN DUI	Y AUTHORIZED BY THE C	DOVEKNING BODY OF I	NE AFFLICANT AND	THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES I		b. Title		c. Telephone Number		
Jack Stewart		City Ma	anager	760-373-7170		
1d. Signature of Authorized Rep		<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	e. Date Signed		
	Want			January 13, 2004		
				Standard Form 424 (Rev. 7-97)		

ADDIICATI	ONE	OD					OMB Approval No. 0348-0043
		2. DATE SUBMITTED	DATE SUBMITTED JAN-20-04				
1. TYPE OF SUBMISSI	ONI	Contraction of the African Contraction of the Contr	R.COCCULUM CORPORATION ASSESSMENT OF A STATE	3. DATE RECEIVED E	quantity a round the constitution of the contract constitution of the contract contr	State Application Identi	ти потторон от под метон на подости торон продолжения под
Application	O14.	Preapplica		J. DAIL HEGEIVED I) OIAIL	Grate Application Identi	net
Construction		Cons	ruction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	1	Non-0	Construction				
5. APPLICANT INFORM	MATION				T		
Donald (3. r	natt	hiesen	·	Organizational Unit:	makanta saap kanjuninga san sa 4 tamun para asa asayaya magang ah kata ah noosay in kan	
Address (give city, court	nty, state,	and zip co	ode):		Name and telephone application (give area		be contacted on matters involving this
poBox123 Mansfield WA.98	830				Donald G Matti	esen	
					(509) 683-1914	1	
				_			
6. EMPLOYER IDENTII) 34-	7. TYPE OF APPLIC	ANT: (enter appropriate	letter in box)
83	<u> </u>	40	5656		A.) State	H. Indepe	ndent School Dist.
8. TYPE OF APPLICAT	Strategic	New	Continuation	Revision	B. County C. Municipal		ontrolled Institution of Higher Learning University
	limin.			THEVISION	D. Township	J. Private K. Indian	,
If Revision, enter approp	priate lett	er(s) in bo	x(es):		E. Interstate F. Intermunicipa	L. Individu II M. Profit C	
A. Increase Award		Decrease A		crease Duration	G Special Distri	ct N. Other	rganization PCRSONAL
D. Decrease Duration	n Oth	er <i>(specif</i> y	<i>):</i>		9. NAME OF FEDER	AL AGENCY:	
Pay off d	lepts						
10. CATALOG OF FED		OWESTIC				TLE OF APPLICANT'S	
ASSISTANCE NUM	IBER:			- 1 1 .	7'm 265	IR old FARM	er (ReTired) Tim
TITLE:					call parti	the Arcal	er (Retired) I'm
12. AREAS AFFECTED	BY PRO	OJECT (ci	ties, counties, state:		SOIA HAYIN	ingol VALUE	-, 1 m 5'11 thocks 440
				- Mai	in DeTP	would Like T	A LEAST LEAVE A
				 ;	have to	to for in	State of the state
13. PROPOSED PROJI	ECT:		14. CONGRESSI	ONAL DISTRICTS OF:		my my.	
Start Date	Ending	Date	a. Applicant			b. Project	
	to-more melanatyan-	methodonia de mentra de					
a. Federal	ING:	un personal de la companya de la co	2500	2.00			JTIVE ORDER 12372 PROCESS?
a. i ederai			2000	a. 155.11	HIS PREAPPLICATION/ R 12372 PROCESS FOR		DE AVAILABLE TO THE STATE EXECUTIVE
b. Applicant	\$		n cadification for the gradient could defend the first the supplicable through a recommend	.00			
			27,376.	40 DATE			1
c. State	\$		25,000		7		jan 2 8 2004
d tosal	+		2509		J PROGRAM IS NOT C	OVERED BY E.O. 12372	TOTAL STATE OF THE
d. Local	\$		2,5 - 10	.00	OR PROGRAM HAS	NOT BEEN SELECTED S	STATE FOR REVIEWS CLEARING HOUS
e. Other	\$	er fer eine geschen der	2500	B 00			SIAIE OLLAIMO
			2,	Al analysis as desired			
f. Program Income	\$.00 17. IS APPLICA	TION DELINQUENT O	N ANY FEDERAL DEBT	.3
	<u> </u>			YES	If "Yes," attach an expl	anation.	No
g. TOTAL	\$	17		0.00			nimene de la constanta de la c
18. TO THE BEST OF M	Y KNOW	LEDGE AN	7516 . 40	TA IN THIS APPLICATION	ON/PREAPPLICATION	ARE TRUE AND CORREC	CT, THE DOCUMENT HAS BEEN DULY
							ANCES IF THE ASSISTANCE IS AWARDED.
a. Typed Name of Au					b. Title		c. Telephone number
Norman	19 +	10 L m c	juist		friend		509.683-1169
d. Signature of Autho							e. Date Signed
Norma	n -	m. F	Talman .	T			01-20-04
			reduced and the second			na Willer a conference con consequente de consequen	

APPLICATION FOR				Olvib Approval No. 0340-004
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		licant Identifier
LEBENAL ACCIONA	.02			A STATE OF THE STA
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
1 2	Preapplication			
Construction	Construction	4. DATE RECEIVED BY I	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION		<u> </u>	a in the set their	
Legal Name:	learness le		Organizational Unit:	PUCINESS COMPARTINE GRANTS
CHRIS M		B G E I W E	Name and talenhone	number of person to be contacted on matters involv
Address (give city, county, State,			this application (give a	area code)
5036 DATE	P/ n		unsapphoation (g. r -	
Chn NITAS C	a 97/67 111	JAN 2 1 2004	619-26	3-1099
SAN DIEGO CO	N NUMBER (FIN)		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
6. EMPLOTER IDENTIFICATION				
	LLL STATE	: CLEARING HOLI	্র মি. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	*	The state of the s	B. County	State Controlled Institution of Higher Learning
New	v Continuation	Revision	C. Municipal	J. Private University
[8] Nev			D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	M. Profit Organization
		- Description	F. Intermunicipal G. Special District	N. Other (Specify)
		se Duration	d. Special District	
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	RAL AGENCY:
			1	• .
			AMERICAL	GRANT SERVICES
		WMOED.	11 DESCRIPTIVE I	TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			CUSINESS INVOLVING 1470 IN THE
		10-113	111411 B	WINESS 11101119 17970 17 17E
Puna	1 Rusiness ans	WATURITU GRATI	- inoustry.	
TITLE: RULLA 12. AREAS AFFECTED BY PR	OJECT (Cities Counties, S	tates, etc.):		1000 man 10
12. AREAS AFFECTED BY FIT	Our (Omes, Courses, C.			
WASHINGTON				
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:	515 Di	FTA T
SMAIL BUSINESS	SAN DIEG	o / HIB CTY		
Start Date Ending Date	a. Applicant		b. Project	
n/4 n/9	CHAIS MINA	_	5M411 C	SUST NEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:		· · · · · · · · · · · · · · · · · · ·		N SUBJECT TO REVIEW BY STATE EXECUTIVE
210,000	nny Amount	IS APPRECIATED!	ORDER 12372 I	PROCESS?
a. Federal	\$ 110 500	•	VEO THE DE	EAPPLICATION/APPLICATION WAS MADE
	100,000	00	a. YES. THIS PH	BLE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$	•		SS FOR REVIEW ON:
	J,000	00	-	(A)
ç. State	\$ 100,000	•	DATE	
		00	-	
d. Local	\$ 5000	•	b. No. T PROG	RAM IS NOT COVERED BY E. O. 12372
	\s\ \frac{1}{\\$}	. 00	ORPR	OGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	Φ	•	•	EVIEW
	\$	00	Y.	and the second s
I. Program Income	. Ψ	• •	17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDERAL DEBT?
a. TOTAL	\$. 00	T Voc. If "Voc	," attach an explanation.
-	710 100	0		, according to the second seco
18 TO THE BEST OF MY KNO	DUI EDGE AND BELIEF A	ALL DATA IN THIS APPLIC	CATION/PREAPPLIC	CATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE (GOVERNING BODY OF TH	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES II	F THE ASSISTANCE IS AV	WARDED.		
a. Type Name of Authorized Re		b. Title		c. Telephone Number
	MINADOR	Applicant		619-818-9072
1. Signature of Authorized Rep		• •		e. Date Signed
				Standard Form 424 (Rev. 7-97)
Previous Edition Usable				Prescribed by OMB Circular A-102
Authorized for Local Reproduct	ion			Fiescined py Civin Orosia.

APPLICATION FOR				ID F GOVE	Approval No. 0348-00)
FECERAL ASSISTAN	ECERAL ASSISTANCE 2. DATE SUBMITTE			Applicant Dentifier		1
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier2	U 2004 LY	†
Application Construction	Preapplication					1
Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier STATE CLEA	DINIC HOUSE	1
5. APPLICANT INFORMATION	Mon-construction	1		DIAIEULEA	ZING HOUSE	+
Legal Name:			Organizational Unit:		A1/	_
Lassen Family	Services, Inc	2.		~ +		
Address (give city, county, State,			1	number of person to be contact	ted on matters involvi	'n
P.O. Box 701,		et	this application (give a	^(геа соде) (530) 257	5459	
Susanville, CA	96130		Linda McA	ndrews		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter i	n box)	
94-2691	0 7 2		A 01-1-	14 to do o o o do o A Cobo o I Diok	N	
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.I. State Controlled Institution	of Higher Learning	
New	Continuation	Revision	C. Municipal	J. Private University	or ingrior Loaning	
			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
A. Increase Award B. Decr	ease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) NOnpr	ofit	
D. Decrease Duration Other(s		Duranon	d. opediar bismer	501c		
			9. NAME OF FEDERA			
***************************************			USDA Rural	Development		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJ	ECT:	
		10-766	To purchas	se land and bui	lding	
TITLE: Community	y Facilities G	for a non-	-profit organiz	-		
12. AREAS AFFECTED BY PRO			in develor	oing essential	community	
Incom Ciorra	Modea and D	lumas Counti	facilities	a guidh ag a dom		
Lassen, Sierra			esviolence s	shelter.		
Shelter Purchase	14. CONGRESSIONAL DIS			•		
Start Date Ending Date	a. Applicant	ict -Rick Ko	e n e b. Project			٦
1/1/04 5/31/04	Lassen Famil	y Services	Community	Facility Purc	hase	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE	
o Fadasal	Δ.	00	ORDER 12372 PR	OCESS?		
a. Federal	\$	•	a VES THIS PREA	PPLICATION/APPLICATION	WAS MADE	
b. Applicant	\$ 265,00	<u></u>	ł	TO THE STATE EXECUTIVE		
			PROCESS	FOR REVIEW ON:		
c. State	\$.00	DATE			
d. Local	\$		•	AND NOT COVERED BY E.	2 10070	
e. Other	\$		OR PROC	M IS NOT COVERED BY E. C BRAM HAS NOT BEEN SELE		
f. Program Income	\$,00	<u> </u>	FOR REV	IEW		
i. i Togram mcome	D	•	17. IS THE APPLICAN	T DELINQUENT ON ANY FE	DERAL DEBT?	\dashv
g. TOTAL	\$ 268,00	0 0.	Yes If "Yes," attach an explanation.			
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLIC				
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T			E APPLICANT AND TH	IE APPLICANT WILL COMPI	Y WITH THE	
a. Type Name of Authorized Repre		b. Title		c. Telephone Number		\dashv
Linda McAndrews	3		e Director	530-257-5459	-	
d. Signature of Authorized Propes	anthrista a	_		e. Date Signed		
Province Priving Unable	11/20 - 11/2	1.40.		1-16-1	0 4 4 (Bey 7-97)	

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

					OMB Ar	proval No. 0348-0043
		7 10	ATE SUBMITTED		Applicant Identifier	
APPLICATION FEDERAL A		1	January 1	6, 2004		
1. TYPE OF SUBMIS		3 D/	ATE RECEIVED BY	STATE	State Applicant Identifier	
Application	Preappli				11/10/0	
☐ Construction	Cons	truction 4. D.	ATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	on Non-	Construction				
5. APPLICANT INFORMA						
Legal Name: The R	tegents of the Uni	iversity of Californi	a	Organizational Unit:	Institute of Marine Scient	
Address (give city, co				Name and telephon	e number of the person to be contacted	d on matters involving this
University of California	mia, Santa Cruz			application (give ar Technical: Do	in Croll (831) 459-3610	
1156 High Street						
Santa Cruz, Califor				Administrative: L	ynne Van Der Kamp. (831) 459-1:	574
Santa Cruz County	/				ANT: (enter appropriate letter in box)	
6. EMPLOYER IDENTIF	FICATION NUMBER (EIN	1):		7. TYPE OF APPLICA		
9	4 - 1	5 3 9 5	6 3	A. State B. County	H. Independent School Di State Controlled Institu J. Private University	tion of Higher Learning
8. TYPE OF APPLIC	CATION.			C. Municipal D. Township	J. Private University K. Indian Tribe	
	☐ New I	☑ Continuation □	Revision	E. Interstate	L. Individual	
	□ Ivew i	Z Commoduen		F. Intermunici		
If Revision, enter app	propriate letter(s) in bo	ox(es):		G. Special Dis	strict N. Other (Specify)	· · · · · · · · · · · · · · · · · · ·
A. Increase Awar			ase Duration	9. NAME OF FEDER	AL AGENCY:	
D. Decrease Oura	ation Other (spe	ecify).		9. NAME OF FEBER	NOAA	
	- 11 11 11 11 11 11 11 11 11 11 11 11 11	10002036				
	Continuation: NA	16002930			TILE OF APPLICANT'S PROJECT:	
10. CATALOG OF FEE		1 1 1	4 7 3		hales: Using an Integrated Ocean	Observation System to
ASSISTANCE NUI	MBER:			Understand Cali	ifornia's Upwelling Eposystem	Ogservation fixstem to
				_		
					11021	
TITLE: Coastal Service	os Cantar				IIIII JAN 2	2 0 2004
	D BY PROJECT (cities,	counties, states, etc.):		1		
Santa Cruz, Mont	lerey and San Male	o Counties				
					OTATE OLE/	ARING HOUSE
					SIAILULL	MINIO HOOGE
13. PROPOSED PRO	JECT:	14. CONGRESSIONAL	DISTRICTS OF:		L. Contraction of the Contractio	
Start Date	Ending Date	a. Applicant			b. Project	
	7101105		17th		17th	
8/1/04	7/31/05				I	
15. ESTIMATED FUN	IDING;		16. IS APPLICAT	TON SUBJECT TO REV	NEW BY STATE EXECUTIVE ORDER 1237	PROCESS?
a. Federal	\$	2,500,000.00	a. YES. TI	HIS PREAPPLICATION STATE EXECUTIVE (DN/APPLICATION WAS MADE AVAIL DRDER 12372 PROCESS FOR REVIE	ABLE TO THE W ON:
b. Applicant	\$.00.	D/	ATE	January 20, 2004	· • • •
c. State	\$.00	b NO [L PROGRAM IS NOT	COVERED BY E.O. 12372	
			-			
d. Local	\$.00		OR PROGRAM HA	S NOT BEEN SELECTED BY STATE	FOR REVIEW
e. Olher	. .	.00				
f. Program Income	\$.00	17. IS THE APP		ON ANY FEDERAL DEBT7	
g. TOTAL	\$	2,500,000.00	1	if "Yes," allach ai	_	
18. TO THE BEST O	F MY KNOWLEDGE AN	D BELIEF, ALL DATA IN T	HIS APPLICATION	PREAPPLICATION ARE	TRUE AND CORRECT. THE DOCUMENT	HAS BEEN DULY STANCE IS AWARDED.
			THE APPLICANT W		E ATTACHED ASSURANCES IF THE ASSIS	c. Telephone number
a. Typed Name of	Authorized Represen Willian	itative n Clark		b. Title Direc	lor: Sponsored Projects	(831) 459-5278 e. Date Signed
d. Signature of Au	thorized Representati		7 1			Late Signed
Wes	Gum	7. 4	el.			11/6/2004

APPLICATION FOR				OMB Ap	pproval No. 0348-0043		
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED January 20, 2004		Applicant Identifier CA004			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORMATION				- L			
Legal Name; Housing Authority of	the City of Los And	roloc	Organizational Unit:	na Λιβορτίτι			
Address (give city, county, State,		10102	Public Housin	number of person to be contacte	d on matter involved		
2600 Wilshire Blvd, L County, California, 90	os Ange es City, Le	os Angeles	this application (give a Bill Davis 213	eres code) 3-252-1849			
6. EMPLOYER IDENTIFICATION 9 5 - 6 0 0 1		N 2 0 2004	A. State	ANT: (enter appropriate letter in l	N N		
8. TYPE OF APPLICATION:			B. County	H. Independent School Dist.I, State Controlled Institution of	Higher Learning		
If Revision, enter appropriate lette A. Increase Award B. Deci		H006	C Municipal Township Interstate Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Housing			
D. Decrease Duration Other(s	ipecify);		·				
			9. NAME OF FEDERA	L AGENCY:			
			U.S. Dept. of Housing and Urban Development				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT;				
	Γ	1 4 - 8 6 6	¬				
TITLE: HOPE VI Re	ے Vitalization Program		Housing Development				
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles, State	es, etc.);					
Los Angeles (City and Cou		· ,					
	14. CONGRESSIONAL DIS	TRICTS OF:	and the second s				
3/30/04 3/30/08	a. Applicant 33		b. Project	37			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STA OCESS?	TE EXECUTIVE		
a. Federal	\$ 38.	568,511		•			
o. Applicant	\$	550,000	AVAILABLE	PPLICATION/APPLICATION W/ TO THE STATE EXECUTIVE C FOR REVIEW ON:			
:, State	\$	0.00	DATE	01/20/04			
		525,000		M IS NOT COVERED BY E. O. 1	12372		
3. Other 8 63,732,364			OR PROG FOR REVI	RAM HAS NOT BEEN SELECT	ED BY STATE		
Program Income	\$	0					
. TOTAL	\$ 118.7	375,875		T DELINQUENT ON ANY FEDE ttach an explanation.			
8. TO THE BEST OF MY KNOW	LEDGE AND BELIFF ALL	DATA IN THIS APPLICA			₩ No		
ATTACHED ASSURANCES IF TH	HE ASSISTANCE IS AWAR	EKNING BODY OF THE	APPLICANT AND TH	ON ARE TRUE AND CORRECT E APPLICANT WILL COMPLY I	T. THE WITH THE		
Type Name of Authorized Repre	sentative b	. Title Executive Director		C. Telephone Number			
	ntative	THE PROPERTY OF THE COLUMN		(213) 252-1810 Date Signed			
revious Edition Usable	-			1-16-0	7		

OMB Approval No. 0348-0043 Applicant Identifier APPLICATION FOR FEDERAL ASSISTANCE 2. Date Submitted State Application Identifier 3. Date Rec'd by State 1. Type of Submission: Application Preapplication Federal Identifier 4. Date Rec'd by Federal Construction Construction DE-FG03-96SF20956 Nonconstruction X Nonconstruction Organizational Unit: 5. Applicant Information: Central Valley Regional Water Quality Control Board Legal Name and Address: Name and telephone of person to be contacted on matters (give city, county, state, and zip code) involving this application (give area code): State Water Resources Control Board 1001 I Street, Sacramento County Susan Timm (916) 464-4657 Sacramento, California 95814 7. Type of Applicant: (enter appropriate letter) A 6. Employer Identification Number (EIN): H. Independent School District A. State 68--0281986 I. State Institute of Higher Learning B. County C. Municipal J. Private University 8. Type of Application: K. Indian Tribe D. Township New _X_ Revision Continuation L Individual E. Interstate If Revision, enter appropriate letter(s): _A___C_ M. Profit Organization F. Intermunicipal B. Decrease Award A. Increase Award N. Other (specify) G. Special District D. Decrease Duration C. Increase Duration Other (specify) 9. Name of Federal Agency: U. S. Environmental Protection Agéncy 10. Catalog of Federal Domestic Assistance Number 66.606 11. Descriptive Title of Applicant's Project: Title: Surveys, Studies, Investigations and Special Purpose Grants Oversight of DOE's environmental restoration and waste management activities at the Laboratory for Energy-Related 12. Area Affected by Project: Health Research/UCD (LEHR) facility. (cities, counties, states, etc.) University of California at Davis, California 13. Proposed Project: 14. Congressional District of: End Date Start Date Project: Applicant: 12/31/05 1/1/96 California - All 16. Is the application subject to review by the State 15. ESTIMATED FUNDING: Executive Order (EO) 12372 process? _X_ This application/preapplication was made a. YES: \$70,687 a. Federal available to the State EO 12372 process for \$0 b. Applicant review on: \$0 c. State January 20, 2004 Date: \$0 d. Local Program is not covered by EO # 12372 b. NO: e. Other \$0 Program has not been selected by the f. Program Income state for review. 17. Is the applicant delinquent on any Federal debt? \$70,687 g. TOTAL YES, attach explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number b. Title: a. Typed Name of Authorized Representative (916) 341-5615 Executive Director Celeste Cantú e. Date Signed: d. Signature of Authorized Representative B [E Standard Form 424 (Rev 7-97) AUTH Previous Editions Not Usable Prescribed by OMB Circular A-102 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Applicant Identifier
PEDENAL ACCIONA				
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non construction			
Legal Name:			Organizational Unit:	
LASSEN FAMILY	SERVICES IN]		
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacted on matters involving
P.O. Box 701			this application (give a	rea code) (530) 257-5459
911 Main Stree	t Susanville	, CA 96130	Linda McAn	ndrews
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-2691	072		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
√ New	Continuation	T E DIREVISION	C. Municipal	J. Private University
	[2]		D. Township	K. Indian Tribe L. Individual
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	M. Profit Organization
	rease Award C. Incre	as Doration	F. Intermunicipal G. Special District	N. Other (Specify) NonProfit 501c3
D. Decrease Duration Other(s	apperish: JAN 2	1.05	9. NAME OF FEDER	
	1777	TOUNDSE!		
A THE THE REAL PROPERTY.	TATE CLEA	RING HOUSE		cal Development
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		70-766	To purcha	se land and building
The second secon	The state is a second of a measured		for a nor	n-profit organization
TITLE: Communi	ty Facilities	s Grant Progra	in develo	ping essential community
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):		es such as a domestic
			v _{\$0} 1ence	shelter.
Lassen County	14. CONGRESSIONAL	DISTRICTS OF		
13. PROPOSED PROJECT	1			•
Shelter Purchase Stan Date Ending Date	a. Applicant	ict - Rick Kee	b. Project	
	Lassen Fam	ily Services	Community I	Facility Purchase
15. ESTIMATED FUNDING:		-	ORDER 12372 PI	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$			
		265 000	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$		1	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$		DATE	
d. Local	\$		b. No. 🙀 PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program Income		• • • • • • • • • • • • • • • • • • •	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	55,000 °	ton a no:	attach an explanation.
18. TO THE BEST OF MY KNOW	WI EDGE AND BELIEF.	ALL DATA IN THIS APPLI	ICATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Linda McAndre		Executiv	ve Director	530-257-5459
d. Signature of Authorized Repre	sertative //	MID		e. Date Signed
11/4/1/8 1	11/1/1002	A1121.W.		(100)

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE		2. DATE SUBMITTED December 1, 2003		Applicant Identifier		
1. TYPE OF S	I IBMISSION:	1				
Application Constru		Preapplication Construction	3. DATE RECEIVED B		State Application Identifier	
☑ Non-Co		Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
	T INFORMATION					
		ange County		Organizational Unit: Center for A N	lew Orange County	
1	city, county, State	•		Name and telephone r	number of person to be contacted on matters involving	
	PLAZA, SUI CA 92614	TE 100		this application (give all JILL DOMING	^{rea code)} GUEZ (714) 245-1522	
6. EMPLOYER	RIDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
3 1 -	1 8 1 5			A. State	H. Independent School Dist.	
8. TYPE OF A	PPLICATION:				I. State Controlled Institution of Higher Learning	
	☑ Nev	√ ☐ Continuation	Revision	C. Municipal	J. Private University	
If Revision en	ter appropriate lett	er(e) in hov(ee)	_	D. Township	K. Indian Tribe	
	tor appropriate lett	er(s) iii box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase A D. Decrease		rease Award C. Increase specify):	Duration		N. Other (Specify) NON-PROFIT	
				9. NAME OF FEDERA	L AGENCY:	
				ECONOMIC DEV	ELOPMENT ADMINISTRATION	
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE	: PLANNING	GRANT		INFORMATION TECHNOLOGY COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY		
		DJECT (Cities, Counties, Stat	tes. etc.):		A CONTRACTOR OF THE CONTRACTOR	
Santa Ana,	Garden Grove	e, Placentia, Anaheim,	Stanton	JAN 1 6 2004		
13. PROPOSE		14. CONGRESSIONAL DIS	STRICTS OF:		STATE CLEARING HOUSE	
Start Date 1/1/04	Ending Date 12/31/04	a. Applicant 48		b. Project		
15. ESTIMATE		70		46 IC APPLICATION	47	
				£	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal		\$.00	ORDER 12372 PR	DCESS?	
			250,000	a. YES. THIS PREAI	PPLICATION/APPLICATION WAS MADE	
b. Applicant	· · · · · · · · · · · · · · · · · · ·	\$	45,000 · · · ·	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State		\$	0.00	DATE	11/20/03	
d. Local		\$	0 .00	b. No. PROGRAM	M IS NOT COVERED BY E. O. 12372	
e. Other		\$	25,000 ^{°°}		RAM HAS NOT BEEN SELECTED BY STATE	
f. Program Inco	me	\$	0.00			
g. TOTAL		\$	U 00	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?	
320,000		320,000 ·	Yes If "Yes," at	ttach an explanation.		
DOCUMENT F	AS BEEN DULY	AUTHORIZED BY THE GO\	PERNING BODY OF THE	ATION/PREAPPLICATION THE APPLICANT AND THE	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
ATTACHED A	SSURANCES IF 1	THE ASSISTANCE IS AWAR	RDED.			
Wallace Wa			b. Title President		c. Telephone Number (949) 476-2242	
u. Signature of	Authorized Repres	entative fi		:	Date Signed - 03	